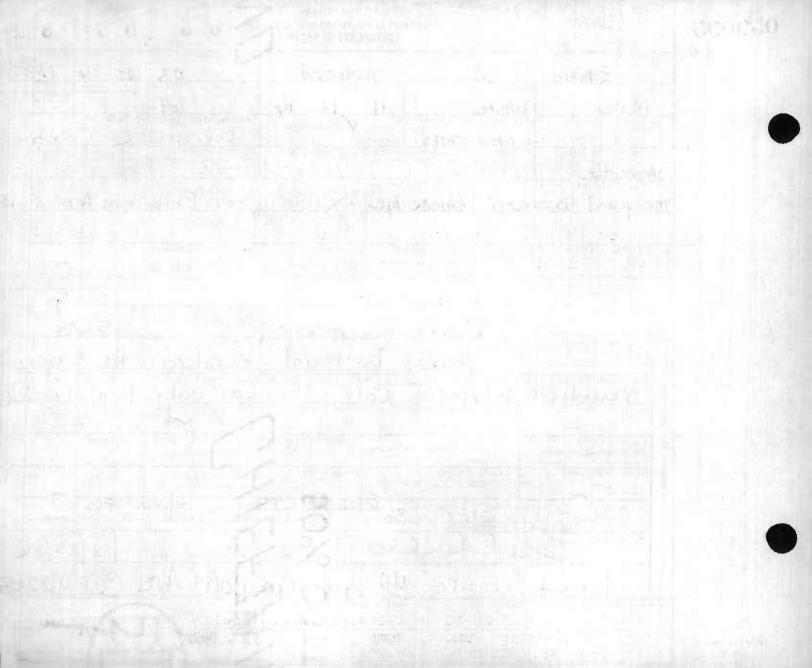
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Zeller Funeral Home, East New Market.MD

STATE OF MARYLAND

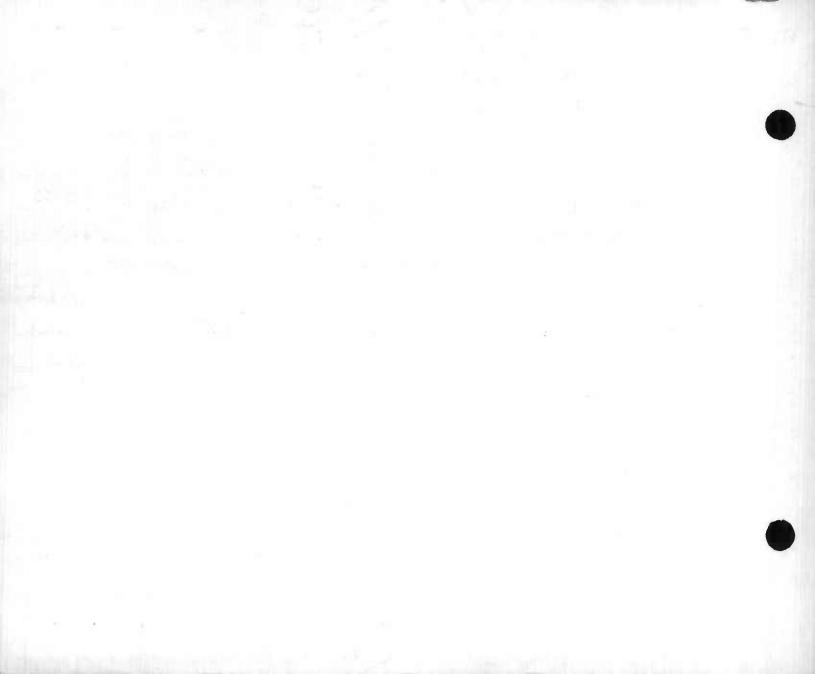
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔑

FOR

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Thomas Funeral Home 700 Locust St. Md.



REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME FIRST MIDDLE LASY  William Farl Beverly  William Farl Beverly  1. RACE S DATE OF BIRTH VEAR LAST BIRTHDAY) AND HOURS MIN.  B S - 22 - 1931 SX51 YRS.  1. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  To CITIZEN OF WHAT COUNTRY?  TO MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  1. CASY  1. CAS	
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	OR INDUSTRY
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136. COUNTY 136. CITY OR TOWN 136 INSIDE (ITY LIMITS) 136 STREET ADDRESS 044 YES X NO ROBbins Street Camb	
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FIRST MIDDLE LAST FIRST MIDDLE	LAST
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STATE OF MARYLAND

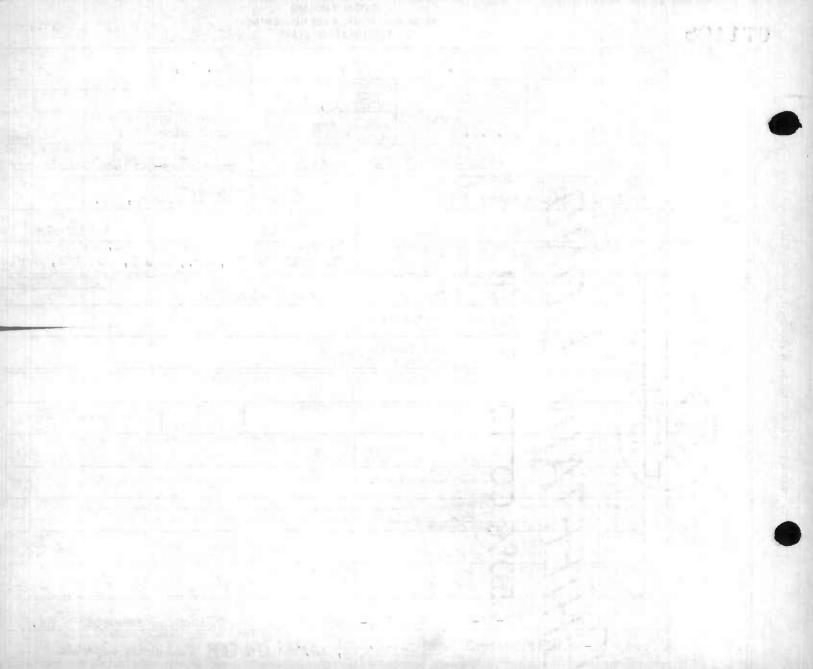
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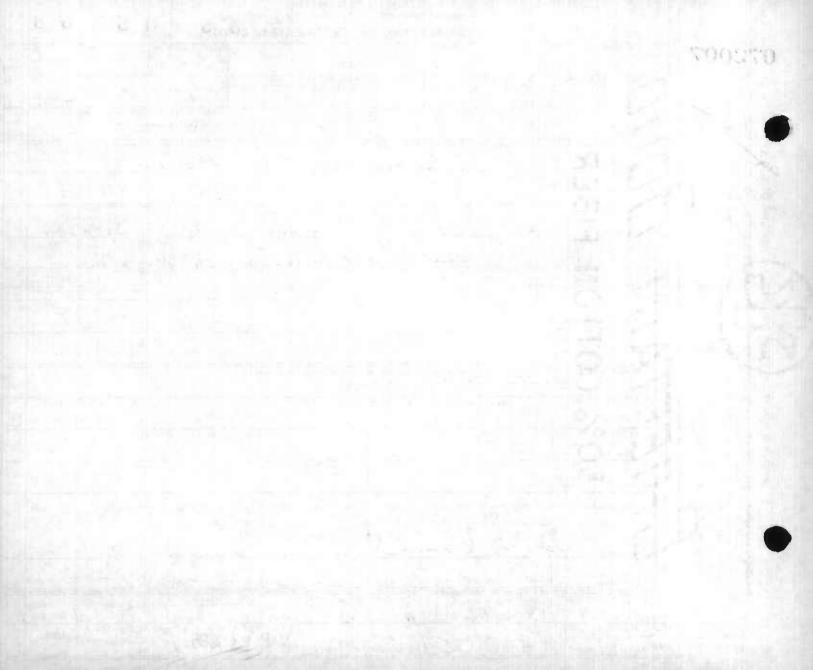
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AND 2120	M	aryland Do	me or other institution, give COUNTY 134 rchester Wi	RESIDENCE SEFORE ADMISSIONS CITY OR TOWN 111amsburg	138. INSIDE CITY LIMITS? YES NO XXX	13e SJREEJ ADDRESS WILLIAMS	burg, Md.	21674
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DHMH-16 60M 1/73 (VR A 15 (4))	24 F	uneral director camptom-Hawki	ns Funeral I	Iopess2161Nou	Main Star O	4 1986 Julia	25b. REGISTRAR'S SIG	NATURE INDEED



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-19 86 James M. 9:40A Conaway 3 SEX 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR 5. DATE OF BIRTH IF UNDER 24 HRS YEAR DATE MONTH 6 LAST BIRTHDAY) 27 PRONOUNCED 9:40A 12 86 B M DEAD 73 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Dorchester Co. WIDOWED X DIVORCED USA 10. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 3. RETAIN PLANT SHOULD BE I Cambridge abover JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e STREET ADDRESS 3a STATE 113b. COUNTY 13d INSIDE CITY LIMITS? T. PAGES 1 AND 2 SHOLD DIVISION OF WITH RED Rt. 1 Box 39 Vienna NO [] Md. Dor. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE ACKSON anes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) 120-05-5157 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Bilateral bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 4 Partial coronary occlusion, bilateral 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL INER: ITALY
ICATE, WRITING THE WORLD
FORWARDED TO THE CHIFE
TOR: PAGE 3 SHOULD BE US
H THE STATE DEPARTMENT OF
H THE STATE DEPARTMENT OF YES X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 DE STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 228. I certify that I took charge of the remains described obove, held an Autopsy Inspection ond in my opinion Natural causes X\_ death resulted from Accident Hamicide Undetermined monner TITLE (SPECIFY) 2-27-86 Den MEDICAL EXAMINER EXAMINER'S NAME Peter W. Rieckert. East New Market, Md. 21631 (TYPE OR PRINT) ADDRESS 23d. LOCATION 07/B4 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



PRESTON ST.

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

- STATE

REGISTRAR

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Burial Loudon Park 2-6-86 "Zerler Funeral Home, Easta New Market, MD

236. DATE

230. BURIAL, CREMATION, REMOVAL

Baltimore City. 250 DATE REC'D. BY REGISTRAL

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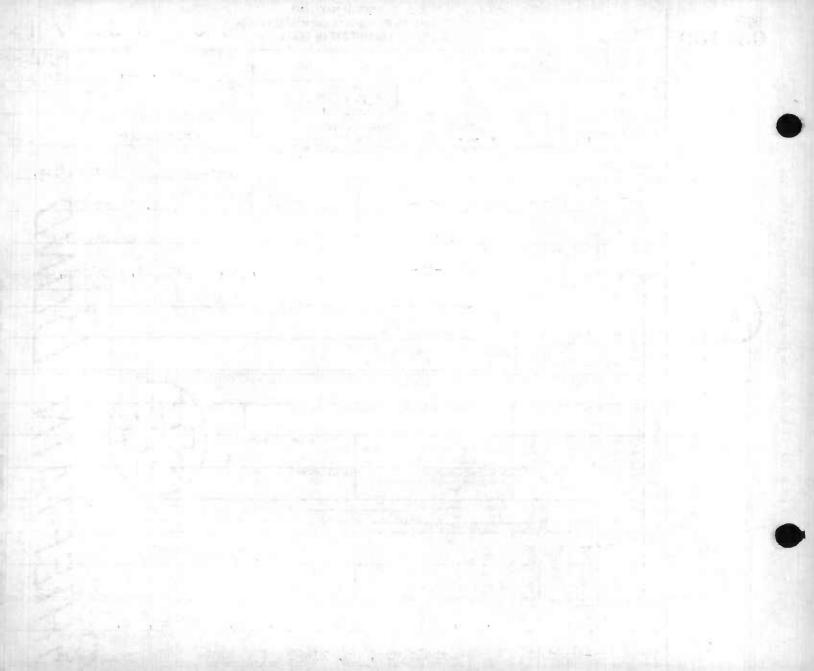
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037160	REGISTRAR	m Hun 10-86		CERTIF	E OF MARYLAND TEALTH AND MENTAL HYG TICATE OF DEATH	IENE 8 6	051	71
noy be poge 3	1. DECE ASED NAME (TYPE OR PRINT)	Garland	MIDDLE	Evans	AST		1. 22, 198	can Enour
ge 4 mo ector, po	3 SEX Male	4 R	Black	5 DATE O	H DAY YEAR	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER WONTHS DAYS HOURS 79 YRS.		
deoth. Po	Cheriton, V.	R FOREIGN 76	U.S.A.	? 8 MARRIE WIDOW!	D NEVER MARRIED D	9 BALTIMORE CITY OR Dor ch	COUNTY OF DEATH	H MD.
on softer d	Hurlock	EATH II.	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
den hour	USUAL RESIDENCE (IF NO 130 STATE Maryland	Dorche	IER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	0	170
, MARYLAND oted within 24 completely fille Thead 2 should	14 FATHER'S NAME FIRST Sam	MIDD			IS. MOTHER'S MAIDEN NA FIRST Lottie	ME MIDDLE	Waters	LAST
BALTIMORE, I	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAI	FORCES? 166 SOCIAL SEC		II INFORMANT Susie Cottam	ADDRES	170. Hurle	ools MD
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AL RECORDS, he low requir on. toermit. Then t permit. Then ows ony injury	190. DATE OF OPER	ATION	1%. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
DIVISION OF VITA  UG PHYSICIAN; TI ottending physici fier this certificate as the buriol-transi h and Mentol Hygi oxed or frem 18 sh	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	P.M.	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	T 2)
	AT WORK AT V	WHILE D	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN		
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TO HOSPITAL (retoined by the TO FUNERAL I should be detoined that the Stote IMPORTANT: IMPORTANT: I	Michi 23a. BURIAL, CREMATION		Adden 23c	NAME OF C	302 CO	123d LOCATION	OCK M	643
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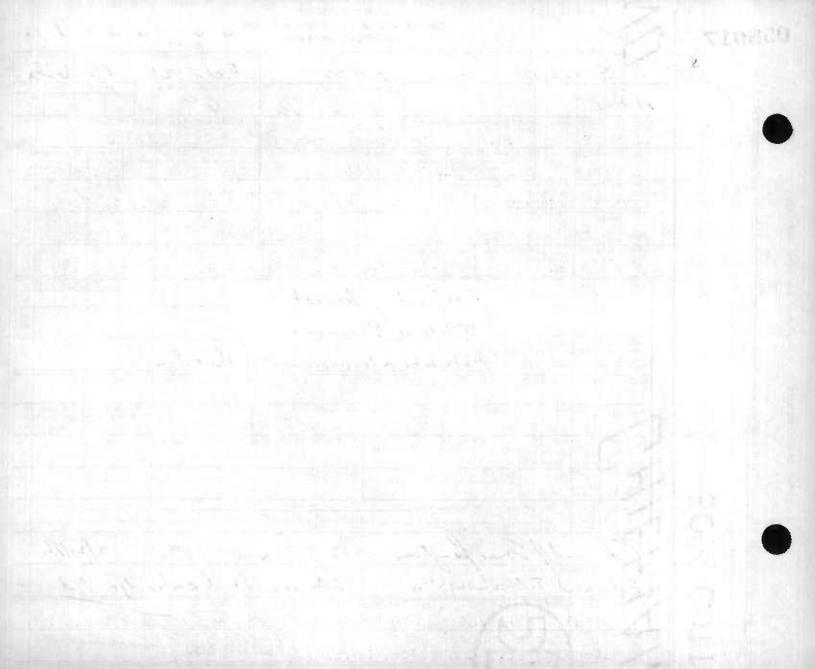


		1	STATE OF MARYLAND	
05	7072	1 - STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	5 1 7 2
00	1012	REGISTRAR  I. DECEASED NAME FIRST		MONTH YEAR 26. HOLLE
	War of State	TYPE OR PRINT) DOK	MIDDLE LAST  20. DATE KNOWN OF ESTI- DEATH MATED   DEATH MATED	2/5/86 5
	PLEAS ECTOR FILES HOUR STREET	3. SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE	MONTH DAY YEAR 2d. HQL
	DIR.	F CAUC	12-03-91 GAR LAS RIPLY DAYS HOURS MIN. PRONOUNCED DEAD	2/15/10/86/5 5
	NECESSARY FUNERAL DIS 5 FOR YOU WITHIN 72 W PRESTON	FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 BALTIMORE CITY OF	
	SPENSON	MARYLAND	O.S. WIDOWED X DIVORCED .	rootester me
	> E DE D	Com BREDGE, NO	(IF OT IN SUCH FACILITY, GIVE STREET AS RESS)  FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE)	OF WORK 12b KIND OF BUSINESS OR INDUSTRY
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MD.	デューベン / /	14. FATHER'S NAME	15. MOTHER'S MAIDEN NAME	LAST
	PEAT OF VILL	WILLIAM RO	BERT MAJORS ALBERTA MIDDLE  BE FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT. ADDITAS	BRADLEY
BALTIMORE,	JRS AFTER DE 8. GIVE PAGE: WITH FORM T. PAGES I AN DIVISION OF	166 WAS DECEASED EVER IN U.S. ARM (YES, NO. OR UNKNOWN) (IF YES, GIVE W	160. SOCIAL SECURITY NO. 17. INFORMANT SLAEUM DATES ADDITIONS AND ADDITIONS ADDITIONS AND ADDITIONS ADDITI	RT 1 BOX 166 REPORTE MO 2161
ON ST., B	HOURS TEM 18. C TONG WIT PERMIT. P GIENE, DIN	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STO	107.9	IMMEDIATE	( DUE TO, OR AS A CONSEQUENCE OF	
#	MINER MINER	Canditians, if any, which gave rise to immediate	(b) HOPIRATION OF GASTRIC CONTENTS	2-3HP8.
*	G G G G G G G G G G G G G G G G G G G	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
. 25	DE TRANSPORTE	PART 2 OTHER CICNISICANT CONDITIONS CO	(c)ONTRIBUTING TO DEATH_BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ONC	SAR		STUS - CAMPION AS RELICED TO THE TERMINAL ODERSE ON CONSTITUTION GIVEN IN TAKE 1 (0).	
REC	PEN MEAN	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
/IIA	TE SHOULD BE WORD "PENDING CHIEF MEDICAL SE USED AS ENT OF HEALT BURIAL, CREM	None	NA	YES D NO
N OF	THE WEND BOULD B	TO DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CONTRIBUTING WHILE NOT WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH, BAY YEAR P.M. 19	RT 1 OR PART 2)
DIVISION OF VITAL RECORDS	VER. THIS CERTIFICATE SHOULD BE EXECUTED.  CATE, WRITING THE WORD "PENDING": IN FORWARDED TO THE CHIEF MEDICAL ET ACRES AS BURNED.  OR: PAGE 3 SHOULD BE USED AS A BURNED.  OR: PAGE 3 SHOULD BE USED AS A BURNED.  OR: DAY OF PEATITY OF MEATING.  IND, 21201 PRIOR TO BURNAL, CRE-MATON.		Te PLACE OF INJURY (AT HOME, STREET, FACTORY, FAMILE C.)  STREET, FACTORY, FAMILE C.)	COUNTY STATE
	E, WR WARI PAGE STATE	AT WORK AT WORK		
	NER THE AND AND	Made International Control of the Control		in my apinian
-	CAMI ERTIF D BE IREC WITH ARYL	death resulted fram: Natura	Accident , Suicide , Hamicide Undetermined manner ,	
	AL DOUGH	ACTUAL SIGNATURE MULTIN	K VEW SILLAUS M.D. DEPUTY MEDICAL EXAMINER	DATE SIGNED 9/15/86
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PL	EXAMINER'S NAME (TYPE OR PRINT)	AND & HOWILLTAN ADDRESS 308 GAY STREET CA	MERIDGE KO
	DAY OF A	230. BURIAL, CREMATION, REMOVAL 231	b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 24 LOCATION CITY OF LOWN	COUNTY STATE
07/B4 25/M	BP		2-18-86   Mardela Springs Cem.   MardelaSpri	ngs.Wic. ND
2314	DHMH - 17	24 FUNERAL DIRECTOR ZELLET Funera	250. DATE REC'D. BY REGISTRAR 256. REGIS	IRAR'S SIGNATURE
	(VR A15 ME (5))	Tariet 9	al Home, Sharptown, MD   FEB 24 1986 Fishard	avident-Nandell.

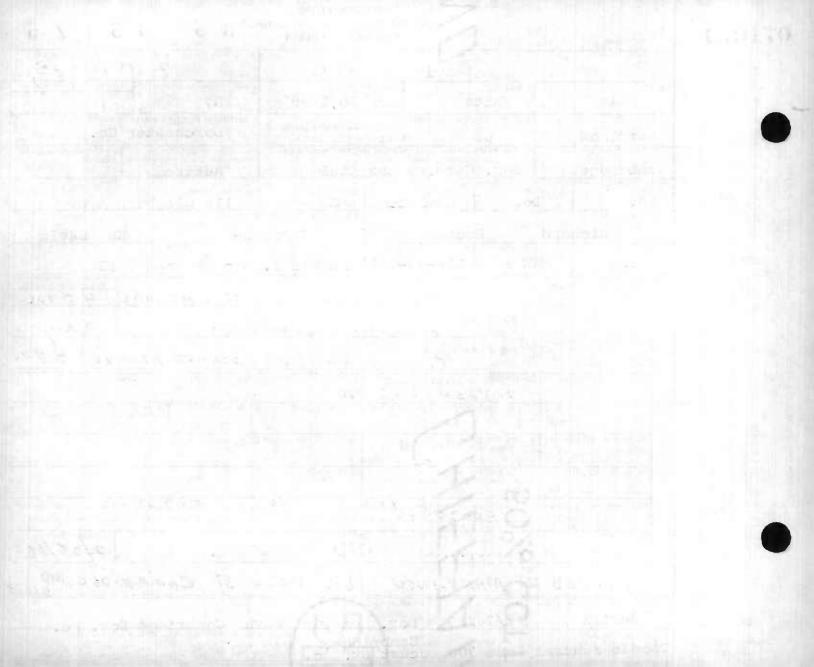
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059020	FOR STATE REGIST	RAR			DEPAR	TMENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI	ENE 8	6 REG. NO.	0 5	i	7 3
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- + p p	Can USUAL RESID 13a. STATE	ANCE (IF NURS	MAC HOME OR OF	C97	ON Prid	Q C /	HOUSE 134. INSIDE CIT		Farn	ing	OKKING (IFE)	Dairy	
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SALTIMORE of be executed by the second of th		JSE OF DEAT	-		217-10		Monro	e Hen	ry Po	comok	e, MI		B 51  ATE INTERVAL USET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours; offending physician.  ther this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by and Memial Hygene prior to buriol, cremation, or remaval.  orked or flem 18 shows any injury, or other traumotic event, the medical examine (must be any or the companion).	gave cause under	rise to imm (a), statin ying couse	mediote ag the lost	(b) DUE TO, O (c)	R AS A CONSEQ R AS A CONSEO	UENCE OF	Vase	Diser.	NAL DISEASI	E OR CONDIT	ION GIVEN I	N PART Ito	
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OR ATTENDI or hospitol on DIRECTOR: A coched for use Dept. of Heal	stri			i) ottended the	e deceased from	86_,0	nd that in (my) (c DEGREE						
TO HOSPITAL TO FUNERAL should be dere with the Store	Vi	nodra	AME (TYPE OR I	ta, M			220 ADDRESS 400 A	Aurora	Stee	et, Ca		, , , ,	
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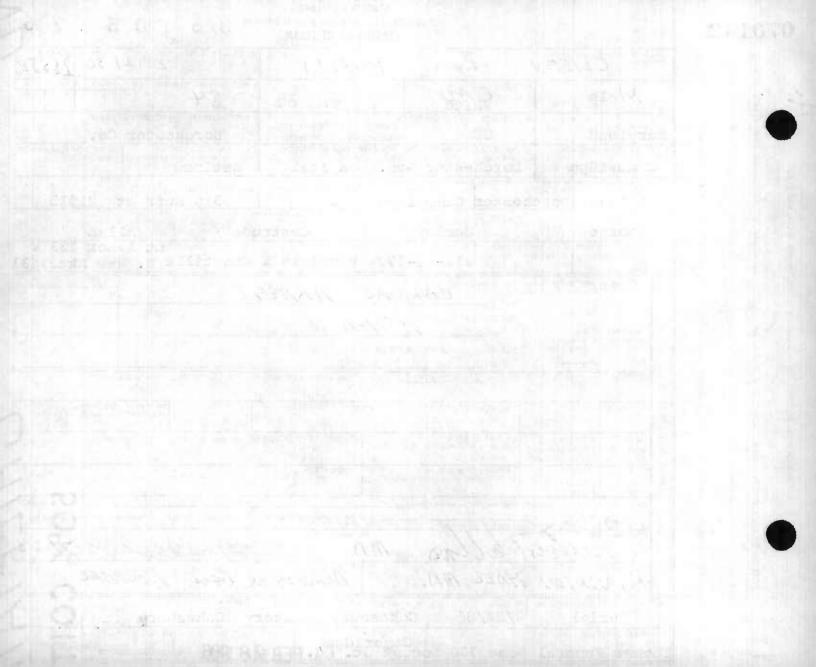
058017	1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								5	74
4 may be	J. SE	ECKHAR.		H.	5. DATE C	E55 DEBIRTH	6. AGE (IN YEARS LAST BIR	2/	FUNDER LYEAR	26 HOUR L 38 N IF UNDER 24 HRS HOURS MIN.
deart. Page	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) GERMANY	U.S.A		WIDOWE			CHEST	ER	MD
1 11 63	C	TY OR TOWN OF DEATH	DORCHE	STER GE	N. HO	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O PROFESSOI	OF WORKING LIF	EI INDUSTRY	OLOGY
1 11 35	13a. S			13c. CITY OR TOW	N	138. INSIDE CITY LIMITS?	13e STREET ADDRESS 205 High	St.,	21613	
10021		THER'S NAME HEINRICH	PETER	HESS		15. MOTHER'S MAIDEN NAME FIRST WILHELI	MINA		SALEWS	
731	_0		RMED FORCES?  BIVE WAR OR DATES)  II	171-03		Mrs. Doro	thea Hess			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	anly one couse per SED BY: ATE CAUSE (a)	Respira	tory	Arrest			BETWEEN	NATE INTERVAL
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he los se on transcore se pro-	THICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN	GS USED OF DEATH?
Sician 1 og physic certificate roll-trom entol Hyg	EDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO P	PART 1 OR PART 2)	
MG Pre other the build ordered or	MED	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC ]	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDE ATTENDE ATTENDE ATTENDE ATTENDE ATTENDE	1	22a.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did r				, 19, 19	, ta death occurred an the de			hat (I) (we) last auses stated
TAL OR A DIRECTOR OF THE BOOK	1	226 SIGNATURE	1 June	fage	7		MEDICAL STAI	FF CIAN []	2/2 2/2	IGNED PL
O FUNE Possible S O FUNE MPORTA	-	Edmand		aughlin		10 Aurora	St. Cam	brig	tre tr	1
BP		urial, Cremation, REMOVA specify) burial	2/23/	86 0	ld T	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Ch Church	Cree	k,Dor.	, Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	JNERAL DIRECTOR Curi	ran Fun n St.,	eral Hon Cambrid	me ge, l	4d.21613 FE	B 25 1986	256. REGIST	RAR'S SIGNATI	Reserve



	1			STATE OF MARYLAND				
071073	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND MENTA CERTIFICATE OF DEAT	P-4	6 REGNO.	5	7 5
noy be page 3	I. DECEASED NAME	11/1ard	Pavis	HOOPER	20. DATE OF		DAY YEAR 2	A SP M
4 mo)	3. SEX Male	4. RACE Whi	te	Aug 30,1899	27	7 YRS.		HOURS MIN.
0 1 135	7a. BIRTHPLACE (STATE COUNTRY) Maryland		S	MARRIED NEVER MARRIE	D. D.	recity or country or chester		MD.
1 11/3	Cambridge	DEATH 11. NAME OF	HOSPITAL, NURSING	HOME OR OTHER INSTITUTE	DN 120 USUAL O	OCCUPATION  FOR MOST OF WORKING LI		BUSINESS OR
ND 2120		IURSING HOME OR OTHER INSTITUTION		DMISSION) 13d. INSIDE CITY LIA	AITS? 13e. STREET		rn Ave	5/3
MARYLAND MAR	14. FATHER'S NAME	WIDDLE	Hooper	15. MOTHER'S MAIE FIRST Ca		MIDDLE	LAST	vis
BALTIMORE,	(YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES?		-7556 Jessie	В. Ноор	address er Item ‡		
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir otherding physicion.  fiter this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	19a DATE OF OPE	RATION 196 CON	PERTED DITION FOR WHICH O	DERATION WAS PERFORMED	200 AUTC	IN CERTI	S, WERE FINDING FYING CAUSES O	GS USED OF DEATH?
OF VITA CLAN: T g physicin entificate iol-transitien intol Hyginem 18 sh	OR CONTRIBUTION [	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	Y YEAR	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18	PART I OR PART 2)	
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BP	230. BURIAL, CREMATIC	2/28	2/20		CITY	ORTOWN	COUNTY M	STATE
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070142	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 1 7 6  CERTIFICATE OF DEATH  REG. NO.							
ay be age 3 death		CEASED NAME OF PRINTS	70 N	Leon	H	URLEY		2 21 86	26. HOUR 1855 PM		
ige 4 mo	3. SE	Male	4. RACE	hite	5. DATE C	BIRTH  DAY  VEAR  OZ	6 AGE (IN YEARS LAST BIRTH	YRS.			
death. Po	Ma	RTHPLACE (STATE OR FORE) OUNTRY) Aryland	υ	S WHAT COUN	WIDOWE			ster Co.	MD.		
by the fi	1	TY OR TOWN OF DEATH Cambridge	DO TO	hester	GOD (	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WEITER		O OF BUSINESS OR		
BALTIMORE, MARYLAND 2120  The executed within 24 hours friction and completely filled in by apers. Pages 1 and 2 should be fill wol.  It the medical examiner robusts of	Ma	AL RESIDENCE (IF NURSING ITATE	OCCHESTE  MIDDLE		ridge	13d. INSIDE CITY LIMITS? YES NO 1			1613		
executed wand comple		George VAS DECEASED EVER IN U		Hurle	SECURITY NO.	Gertr 17. INFORMANT Virginia ¥	ude ADDRES	Allan Rt 1 Box	133 V		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT ING PHYSICIAN: The law requires that the result continue by r attending physician. Wher this certificate has been signed by the art thing principles on the burnal-transit permit. Then please remove continue ppess th and Mental Hygiene prior to burnal, cremation, or removal arked or them 18 shows any injury, or other traumatic event, the	7	Conditions, if any, wh gove rise to immedi cause (a), stating underlying cause li	CAUSED BY: MEDIATE CAUSE (a), DUE TO, ofte the cost. (c),	OR AS A CONS	EOUENCE OF	ARRE			OXIMATE INTERVAL N ONSET AND DEATH		
TAL RECORD  The law required in the bas been significant. The significant is the base of t	CERTIFICATION	190 DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO _		
PHYSICIAN: I rending physici this certificate he buriol-transin and Mental Hygi dar Hem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 216. INJURY OCCURRED NOT WHILE NOT WHILE	E OF DEATH HOUR XAMINER) 21e PLAC	OF INJURY A.M. MONTH P.M.  CE OF INJURY STREET, FACTORY OF	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY		STATE		
ATTENDING ospital or off or off off or off off or off off		22s. I certify that (I) (this			19, or	d that in (my) (our) opinion	, to death accurred on the date	e and hour and from th	_ that (I) (we) last he causes stated TE SIGNED		
D HOSPITAL OR toined by the h O FUNERAL DIR hould be detached to the body to the body the body to the body the		220 PHYSICIAN'S NAME R, NORTO		LAS L, MD	m	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	ND 2	12/.86		
BP	23s. E	SPECIFY Burial	100 AL 236. DATE 2/24			emetery or crematory oury Cemete	23d LOCATION CITY OR TOWN COKESD	uru Dor	STATE		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 E	INIERAL DIRECTOR	cal Home	700 L	Cambrocust S	idge 256. DA	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATURE		



057071	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 5 D	5 1 7 7
noy be	NE	Thie Might.	Hurley	2 1	1 86 11:45 M
ge 4 mage	3. SEX	4. RACE CAUL	5. DATE OF BIRTH MONTH DAY YEAR O 14 02	83 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
leoth. Po	70. BIRTHPLACE (STATE OR FOIL COUNTRY)	PREIGN 76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	DORCH.	OF DEATH MD.
of the offer	CAMBRIDGE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	og home or other institution address; rchester General	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Floor Supervi	12b. KIND OF BUSINESS OR INDUSTRY SOR/Garment
filled in sould be reads to		IG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 36 COUNTY 13c. CITY OR TOW SEPERIT	/N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	572166
MARYLU ed withir mpletely and 2 sh	FATHER JOHN	Martin Dear		CCA	Dean
IMORE, no or execut	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? 166 SOCIAL SECU (IF YES, GIVE WAR OR DATES) 215-03			Academy St. etary, MD2166
certificate be ing physician phopopers. Prepapers ic event. The many transmission is event.	PART I. DEATH WA	(Enter only one cause per line for (a), (b), on SCAUSED BY: MMEDIATE CAUSE (o)SEP515	d (c).)		APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
that the death d by the ottend case remove co of, cremation, a	Conditions, if ony, your rise to imme couse (a), stating underlying couse	ediote	PENT Ca of	RECTUM	tes 4 yrs
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s ofter d	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
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by the ose remo	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Heart Dise	se.	Utais
gned niple		T CONDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM!	INAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
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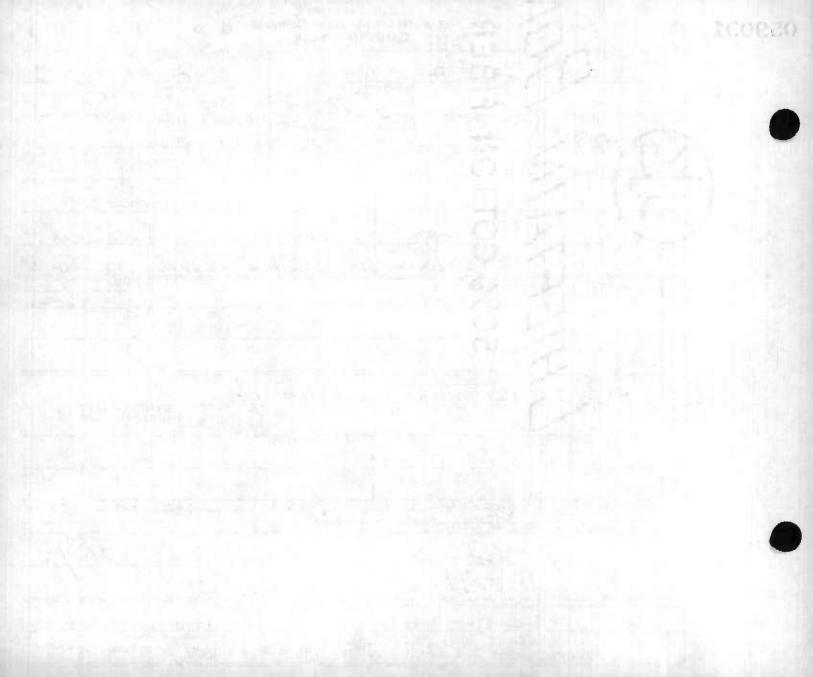
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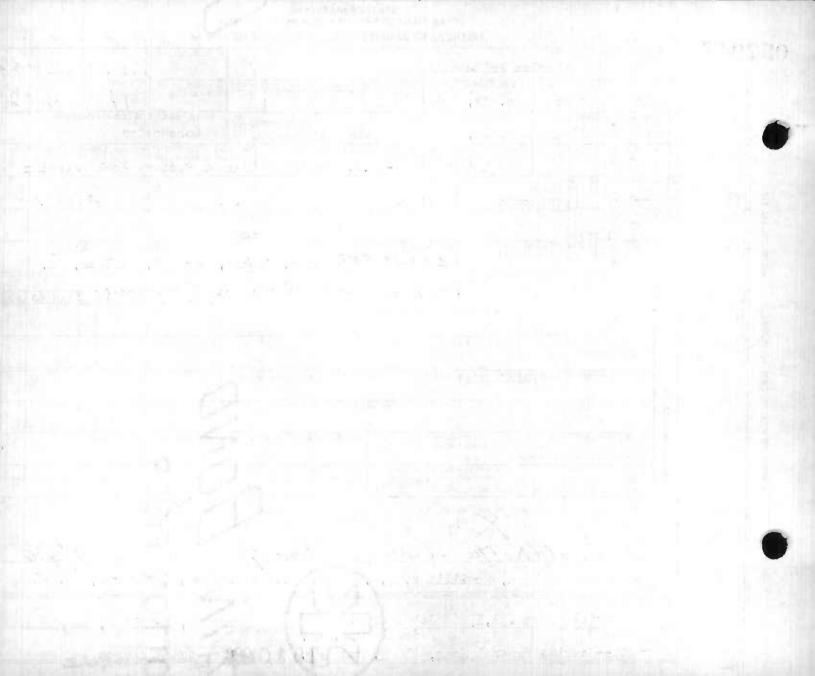
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RE, ecut		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU		17. INFORMANT	Md. 21	Md. 21659				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO REGISTRAR 052047 I. DECEASED NAME 2a. DATE MONTH YEAR KNOWN (TYPE OR PRINT) ESTI-Charles Pritchett DEATH MATED Man. 2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS
AL RECORDS, 201 W. PRESTON STREET, 1 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IE UNDER 24 HRS 2d HOU DATE LAST BIRTHDAY PRONOUNCED 1086 Male 191 Negro Dec. DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Dorchester North Carolina WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Hurlock Box & Factory Wor Farm Farming USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Hurlock orchester 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGES 1, 2, WITH FORM PM 3. PAGES 1 AND 2 S I VIDS 1 MIDDLE FIRST MIDDLE LAST Unknown Unknown 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO [YES, NO, OR UNKNOWN] ( IF YES, GIVE WAR OR DATES) 239-20-841 ary H. Cephas. Box 374. Hurlock. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ACUTE MY OCARDIAL THATECTOR PROBABLE PART I DEATH WAS CAUSED BY TMINLED IA DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate WINER: THE STATE WORD TRIVEN TO THE WEBLOT EXPENDED TO THE CHIEF MEDICAL EXPENDED TO THE CHIEF MEDICAL EXPENDED TO THE STATE DEPARTMENT OF HEALTH AND MENTAND, 21201 PRIOR TO BURIAL. CREMATION OF TANDS. AND MENT cause (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW IN JURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC ) CITY OR TOWN COUNTY WHILE AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORE, PATER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Homicide Cambridge, Md. EXAMINER'S NAME Donald R. McWilliams, M.D. Street. (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Y Proston, Caroline Land Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Burial Johns Cemeterv BP Lary and 24 FUNERAL DIRECTOR DHMH - 17 Framptom-Hawkins Funeral Tome. 216 N. Lain (VR A 15 ME (5))

20M 4/82



Framptom-Hawkins Funeral Home, Federalsburg,

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(VRA 15, 4)

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A PART II		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED		(b), and (c).)		71	BETWEE	EN ONSET AND DEATH
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STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

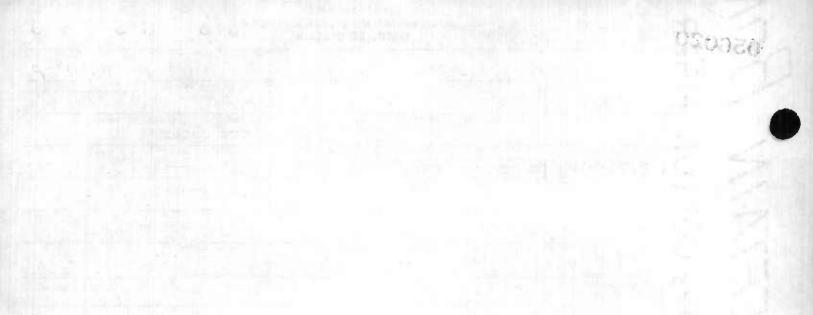
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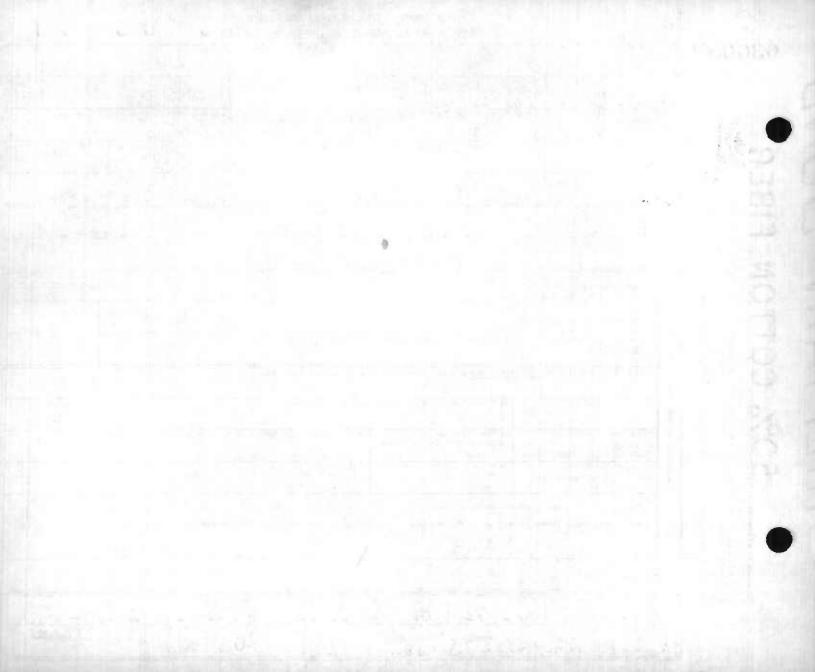
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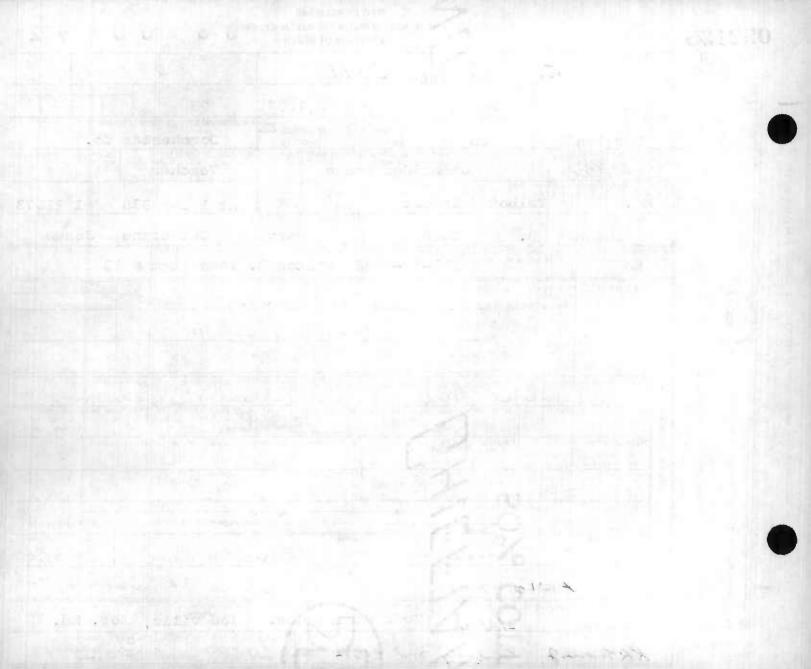
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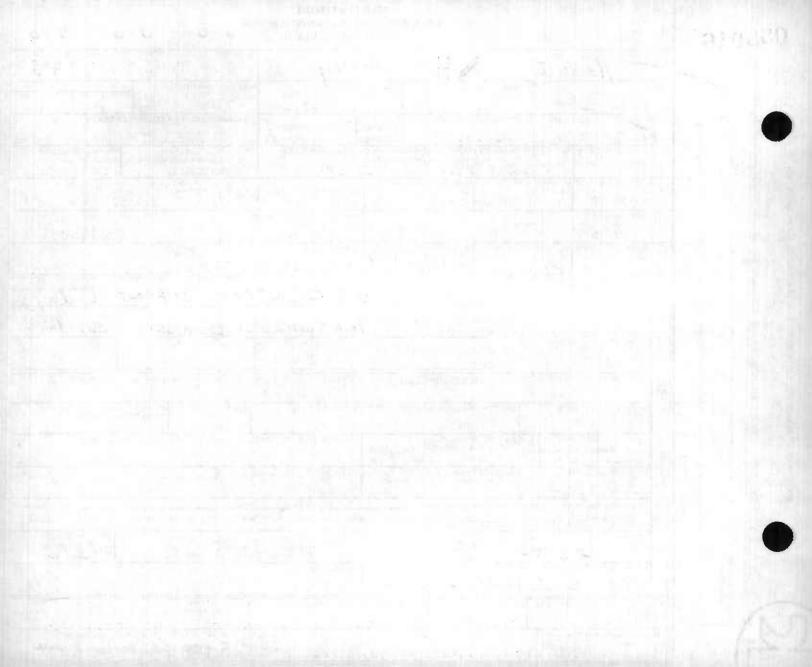
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	RTIFICATE SHOULD BE EXECUTE NG THE WORD "PENDING" IN P OTO THE CHIEF MEDICAL EXA SHOULD BE USED AS A BURIAL RIOR TO BURIAL CREMATION,	7	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PA	ART 1 (a).	
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N.	SHOUL ORD "F CHIEF E USED TOF HI	Ş	140. DATE OF OPERATION	198 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED?		20 AUTOPSY?
7	WORD WORD WORD WORD BE US BUR!	E	21a EXTERNAL CAUSE WAS	216 TIME OF INJURY	21. HOW INCHES OF CURRE		YES X NO
0	WRITING THE WO VARDED TO THE CAGE 3 SHOULD BE AGE 3 SHOULD BE ATE DEPARTMENT 21201 PRIOR TO BU	I C	UNDERLYING OR CONTRIBUTING CAUSE OF			ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)
O.	SA STORY	Ş	CONTRIBUTING CAUSE OF		Subject stab	bed.	
<u> </u>	HEDRONE	MEC	WHILE NOT WHILE AT WORK	STORET FACTORY FARM STC	STREET	CITY OR TOWN CO	OUNTY STATE
	E, WRIT RWARD PAGE: STATE (, 21201		AT WORK AT WORK	l home	602 Moores Av	e., Cambridge, Dorch	nester, MD
	FORW OR: PA		22a. I certify that I taak charg	e af the remains described abave, held an	Autopsy X, Inspectio	in . Inquiry . and in my a	ipinian
	MAN HELD TO THE TANK		death resulted fram: Natu	al causes , Accident . Suicide	Hamicide X	Undetermined manner ,	
	WITH WAR		ΛοΛ.	Or.	TITLE (SPECIFY)		
	A H H H H H H H H H H H H H H H H H H H		ACTUAL SIGNATURE	XXX	M.D. Assistan	t_MEDICAL EXAMINER SIGN	IED 2-2-86
	NOR NEW ST		EXAMINER'S NAME Ant	M Divon M D	111	Donn Ct Balta ME	21201
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STANDORE, MARYLAND, 2		(TYPE OR PRINT)	M. Dixon, M.D.	ADDRESS	Penn St., Balto., MD	ZIZUI
	DAY DAY	23a.B	URIAL, CREMATION, REMOVAL	1 / 1	ERY OR CREMATORY	23d LOCATION CITY OR TOWN	UNTY STATE
07/84 25M	BP		134-in(	2/6/86 BeTho,	/ Cene	Cambridge Hon	herter Md.
ZOM	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE HONDE
	(VR A15 ME (5))	51	want fure on	Home Jalisbury	11/1.	002 700 9	Second B.



	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MENTAL										
052155	1-	STATE REGISTRAR		DEI ARTM	CERTIFICATE OF DEATH	REG. NO.	5 1 9 2				
m. in		CEASED NAME FIRST	MIDDLE *	W	MIAST 11	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
poge 3		Edith		race	Joaa	2	1 86 8.50 pm				
of ter b	3. SE:		4. RACE		S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
irect ours o	-	remale	White	-0	"Sept 28,1890	95 YRS.					
To 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	/g. bi	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT	LOUNIKTY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY					
de la la de	10. C	Maryland TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	OCCUPATION 12b. KIND OF BUSINESS OR				
by the filed w	(	ambridge.	(IF NOT IN SUCH FACILITY	nbrid	ge House	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
24 hou uld be	13a. S	AL RESIDENCE (IF NURSING HOMI TATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENTY  Talbot  Ti	TY OR TOWN	ADMISSION) 13d. INSIDE CITY UMITS? YES NOTE:	13. STREET ADDRESS Rt 1 Box 33	8 2 21673				
Thin thin		THER'S NAME		or In In a	15 MOTHER'S MAIDEN NA		0 2 21075				
ond in well		Albanus	B. To	odd	Mary	Catherin	e Jones				
ond co	160 V	VAS DECEASED EVER IN U.S.	CRIEWIAN ON DATERY	13-16		R. Todd Item #	13				
he tow requires that the aut. has been egged by the rememor her please re- ene prior to burnol, creation ones any injury, or other	CERTIFICATION	cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION	elized A	uting to b	EATH BUT NOT RELATED TO THE TERM  LUSIS  OPERATION WAS PERFORMED	face S. Syn 200 AUTOPSY? 206 IF YES IN CERTIF	VEN IN PART 110  So, WERE FINDINGS USED  YING CAUSES OF DEATH?  S				
71 11 1 1 C	ä	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)				
IG PHYSICIA attending p for this certil is the burnol- trond Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK	DEATH	JRY	19 21f. LOCATION	CITY OR TOWN	COUNTY STATE				
NO N		22a.1 certify that (1) (this ha		sed fram	. 19	, to	19, that (i) (we) last				
TALOR ATTER ALD DISECTO dettoched for inte Dept of them 21		22b. SIGNATURE	not) view the body after de	eath.	DEGREE  M D ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED				
O FUNE hould be whostly be		224. PHYSICIAN'S NAME (TY	Tanmar			ellin St. Cox	whidge, MD				
BP		BURIAL, CREMATION, REMOVE Burial	2/4/86		ame of cemetery or crematory dd Family Cem.	Toddville,	Dor. Md. STATE				
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR  NAME  Homos J.	Combredo	ADDRESS	1. 2/6/3 FFB	E REC'D. BY REGISTRAR 25b. REGIST. 1986: July David	PAR'S SIGNATURE				



058016 3	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 1 9 3
density of the	{TYPE	CEASED NAME FIRST Herbert	4. RACE	Jolley 15. DATE OF BIRTH	THE DATE OF DEATH	20,1986 4 P M
a de t m	3. SE	male	cau.	Oct. 26,1914	71 YRS	MONTHS DAYS HOURS MIN.
Of 12 35		RTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED XXVEVER MARRIED UNDOWED DIVORCED	DORCHESTER	
To other of	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET DORCHESTER GE	NG HOME OR OTHER INSTITUTION ADDRESS) NERAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Waterman	126. KIND OF BUSINESS OR
LAND 213	13e S Ma	STATE 136 COUN	other institution give residence before NTY 13c. CITY OR TOW hester Fishin	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1102/Lø/ rur	ral 21634
1 10/20		John	MIDDLE LAST TO1	ley Grace	MIDDLE	Wallace
IMORE, cond Popes			MED FORCES? 166 SOCIAL SECTION (F WAR OR DATES)	HUCA	ADDRESS Tall, Fishing	g Creek.Md.
Tr. BAU		PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), an ID BY:	id (c1,)	SARL INFAR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to that the death of ed by the attending please remove cath and, cremation, or a , or other traumfant.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE    Ib)		SCLENOSIS	SOU. Yns.
IL RECORDS.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
CIAN: The control of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2]
NG PHYSICIAN: The rate of the buriel Hygie or Mental Hygie or Real B shoot or Mental Hygie or Real or Rem 18 shoot was the buriel Hygie or Real or Rem 18 shoot or Rem 18 shoot was the buriel Hygie or Rem 18 shoot was the buriel Hygie or Rem 18 shoot was a sh	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOWN	COUNTY STATE
RATTENDIN hospital or RECTOR: At red for use a ppt of Health		saw the deceased alive an abave, (I) (we) (did) (did no	ital) attended the deceased from	i i	, ta, death accurred an the date and hav	
F 500 F		226 SIGNATURE	2a vie		MEDICAL STAFF DIRECTOR PHYSICIAN	2 Cal 86
TO HOSPITAL TO FUNERA should be de with the Storic		M . S . S	HARIFF, U			
BP		BURIAL, CREMATION, REMOVAL SPECIFY) burial	2/22/86 Do	NAME OF CEMETERY OR CREMATORY  Orchester Mem. I	23d LOCATION CHYORTOWN  Pk. Cembridge,	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	JNERAL DIRECTOR Curra NAME 308 H	n Funeral Hom	e idge,Md.21613 FE	E REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME CIDET MIDDLE MONTH 25 HOUR TYPE OR PRINTI 1986 rainia 3 SEX & AGE (IN YEARS LAST BIRTHDAY) RACE S DATE OF BIRTH MONTH YEAR female white Aug. 2.1890 95 YRS TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. Dorchester WIDOWENT DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR IF MOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Cambridge laundry attendant ambridge House USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Md. Dor. 221 Choptank Ave. 21613 Cambridge YESTX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AN ID DUE MIDDLE Thomas Willey Sophia Lawson ADDRESS 160 WAS DECEASED EVER IN 11 S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES 220-12-2210Cora Jones Item # 13 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-FAILURE IMMEDIATE CAUSE (0) CONGESTIVE HEART DAUS DUE TO, OR AS A CONSEQUENCE OF ATHEROSCLEROSIS 400005 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION PERFORATED PERITONITIS SECONDARY GASTRIC 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 12/31/85 AUBOUE YES 216. ACCIDENT WAS UNDERTYING 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1)(this hospital) attended they deceased from 16 sow the deceased alive an above (1) we) (did not view the body after death 1986 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 17h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 2d. PHYSICIAN'S NAME ITYPE OR PRINT

23¢ NAME OF CEMETERY OR CREMATORY

Dor. Mem. Park

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

DIRECT

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PORTANT

23a. BURIAL, CREMATION, REMOVAL

ISPEC Burial

24 FUNERAL DIRECTOR

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THOMAS FUNERAL HOME CAMBRIDGE MD.

2/5/86

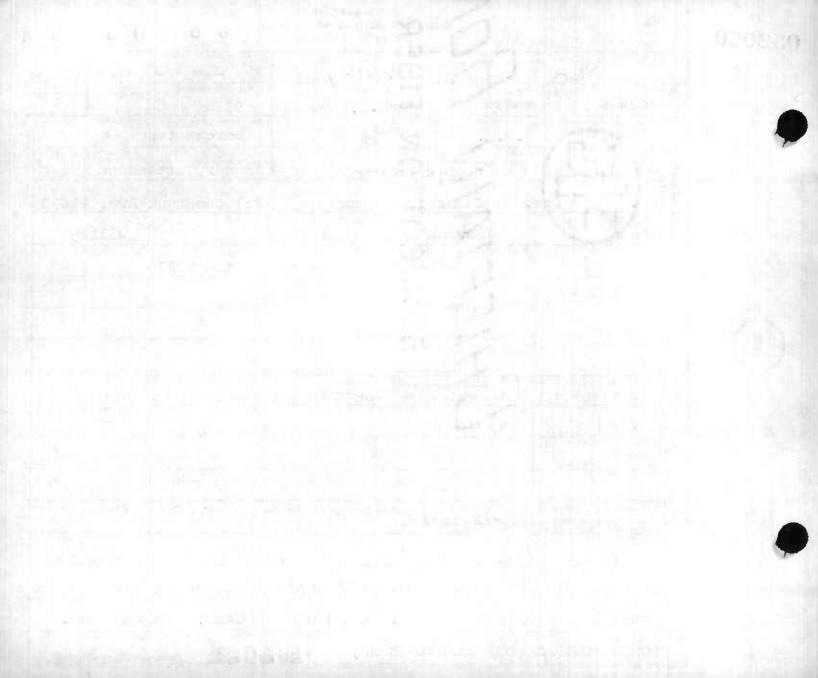
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Dor.

Md.

BYEN ST. CAMBRIGE NO.

Camb.



065194	1.	FOR STATE REGISTRAR			DE			LTH AND MEN ATE OF DEA		NE 8	6 REG. NO	0	5 i	9 5
oge 3 deoth		CEASED NAME	FIRST RANC	285	MIDDLE		WR	IGHT		DATE OF		a -	DAY YEAR 18 -86	26. HOUR
ge 4 moy ector, po	3. SE	female		4. RACE Whi	te		ATE OF B	2.1894	WEAD	AGE JIN YE	ARS LAST BIRTI	YRS.	MONTHS DAY	
neral dire		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF		MA		NEVER MAR	9		Y OF DEATH	MC		
by the fu		TY OR TOWN OF DEAT	тн	(JF, NOT IN SUI	CH FACILITY, GIV	E STREET ADDRES	RSING HOME OR OTHER INSTITUTION REET ADDRESS) General Hospita			TYPE OF WORK	OF BUSINESS OR			
filled in could be	13a. S	AL RESIDENCE (IF NURSING AL RESIDENCE AL RESID	13b. COUN DOI	ITY	13c CITY O	R TOWN	113	INSIDE CITY I	IMITS?	STREET A	DDRESS Wash	ingt	on St	. 21613
MARYLL ed within ompletely and 2 sh	)4. FA	Samuel	A	WIDDLE	Edg	ar Jar	15.	MOTHER'S MA	oria		WIDDIE		12	AST
'IMORE,		VAS DECEASED EVER II												
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death conficult be necuted within 24 hours of a cample physician.  Viter this certificate has been signed by the offending the conficult of a campletely filled in by as the buriol-transit permit. Then please remove control entering the properties prior to buriol, cremation, or mention of a spould be file to and Mental Hygtene prior to buriol, cremation, or mention of a spould be file or where the mean is shown any injury, or other troumottic event, the medical examples may be a specific per minute.	TION	Conditions, if ony, gove rise to immucouse (o), storing underlying couse  PART 2 OTHER SIGN	ediote the lost.	(b)	OR AS A CON	che,	DF BUT NO	7						
N: The low systicion. cote hos bee consit permit Hygiene price (8 shows only 18 shows	CERTIFICATION	19a. DATE OF OPERATI		196. COND		WHICH OPER		Is HOW INJUR			NOO	IN CERTI	ES 🗌	ES OF DEATH?
ISION OF VI	MEDICAL C	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d, INJURY OCCURRE	AUSE OF DEAT	TH HOUR A	.M. MONT .M. OF INJURY	OFFICE, FARM, ET	19 21	f LOCATION STREET	OCCORREL	(ENTERNATI	CITY OR TOW		COUNTY	STATE
ATTENDI or ospital or de for use it, of Heolim 21 is m		27a I certify that (I) ( sow the deceased above, (I) (wee) (di	this hospit	Feb /	7	from		hot in (my) toor	986 ) opinion dec	, to Zeoth occurred	on the dot	te and hou	or and from th	, that (1) (we) lost te couses stated
O HOSPITAL OR etoined by the h TO FUNERAL DIR. should be detoched with the Store Dep	4	THE PHYSICIAN'S NA	ME (TYPE OR	Jew 7	rdu	the	1	ATTEN	NDING SICIAN DE	MEDICAL DIRECTOR	STAFF PHYSICI	AN D	2// 2//	786
TO HO retoing with I MPO	23a. E	URIAL, CREMATION, R	EMOVAL	23b. DATE	Sur	23c NAME	OF CEMI	COLS ETERY OR CREA	AATORY	23d. LOCAT	ION	M	di	16/2
BP		burial		2/20	/86	Dor.	Me	morial			mbri		Dor/	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		HOMAS FUN	IERAI	HOME	CAM	BRIDG	E M	D	25a. DATE R				RAR'S SIGNA	

STATE OF MARYLAND

LETT- OUR Congrestive Tras failure Days Somility. Chenexed - 74. 17 26 7 26 18617 86 -Level of Burery the Completings The July of William Bloom and the Control of the